Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	
Print your name and address on the reverse so that we can return the card to you.	X	☐ Agent ☐ Addressee
 Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Frinted Name)	C. Date of Delivery
Article Addressed to:	D. Is delivery address different from tem 1? ☐ Yes If YES, enter delivery address below: ☐ No	
U.S. ATTORNEY GENERAL		
ATTN: ALBERTO GONZALES		
U.S. DEPARTMENT OF JUSTICE		
950 Pernsylvania Ave, NW	3. Service Type	
Warhington PC	Certified Mail Express	
20530-0001	- ∴ egistered ☐ Return R ☐ Insured Mail ☐ C.O.D.	eceipt for Merchandise
2. Article Number	4. Restricted Delivery? (Extra Fee)	Yes
(Transfer from service label)		